

REJOINDER TO GARDNER'S "COMMENTARY ON KELLY AND JOHNSTON'S 'THE ALIENATED CHILD: A REFORMULATION OF PARENTAL ALIENATION SYNDROME'"

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In this reply to Richard Gardner, we outline our points of disagreement with his formulation of parental alienation syndrome (PAS), showing that his focus on the alienating parent as the primary cause of children's negative attitudes and rejecting behavior toward the other parent is overly simplistic and not supported by findings from recent empirical research. It follows that we strongly object to Gardner's recommendations for legal and mental health interventions with alienated children as well as the use of the term *PAS* when referring to this problem.

Keywords: *high-conflict divorce; child custody; parental alienation syndrome*

In his commentary on our "Reformulation of Parental Alienation Syndrome" (Kelly & Johnston, 2001), Gardner has underestimated the nature and extent of our disagreement with him. We appreciate the opportunity to respond to his commentary and regret that he is no longer with us to continue this important debate. The fact that a small percentage of children develop strong negative attitudes and reject one of their parents after divorce is agreed upon. What factors motivate their rejection and to what extent their negative feelings and behaviors are in response to their parents' behaviors are in dispute. How to intervene legally and to treat these children in therapy is even more strongly disputed, and whether to call the phenomena a syndrome and grant it status as a DSM diagnostic category is rejected outright. Each of these points will be elaborated.

Over the past three decades, beginning with Wallerstein and Kelly (1976) who first described these children, a large number of clinical researchers and mental health and legal professionals have observed, commented upon, and struggled with the problem of children of divorce who are reluctant or refuse to visit a parent (Bruch, 2001; Clawar & Rivlin, 1991; Dunne & Hedrick, 1994; Gardner, 1992, 1998a; Johnston & Roseby, 1997; Kopetski, 1998a, 1998b; Lampel, 1996; Lund, 1995; Rand, 1997a, 1997b; Waldron & Joanes, 1996; Walker, Brantley, & Rigsbee, 2004; Wallerstein & Kelly, 1980; Walsh & Bone, 1997; Warshak, 2003; Williams, 2001; Wood, 1994). To the best of our knowledge, there are only a few nonprobability samples from which to estimate the extent of the problem, and these studies are plagued with different definitions and measures. In community samples of divorcing families, 11% to 15% of children were found to be aligned with one parent and rejected or resisted contact with the other (Johnston, 2003; Wallerstein & Kelly, 1980). Among custody-litigating families, the estimates are higher—20% to 27% (Johnston, 1993, 2003; Kopetski, 1998a, 1998b). In general, boys and girls are equally likely to take this stance, with the problem becoming more pronounced in preadolescent and adolescent children. Whereas fathers apparently were more likely to be rejected in the past, more recent data appear to indicate that both mothers and fathers are likely to be rejected (Wallerstein & Kelly,

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1980; Gardner, 2004[this issue]; Johnston, Gans, Walters, & Olesen, in press). In these matters, we concur with Gardner.

With respect to the cause(s) of children's rejecting attitudes and behavior, Gardner singularly focuses on the aligned parent. He states, "I view the programming parent to be primarily responsible for the creation of the disorder in the child, and if the programming did not take place, the disorder would not have arisen" (Gardner, 2004 [this issue]). Furthermore, he views the rejected parent as entirely the hapless victim: "The primary cause of the disorder is the programming parent who hopes to gain leverage in court by indoctrinating a campaign of denigration into the child against a good, loving parent" (Gardner, 2004 [this issue]). Although Gardner acknowledges the role of child temperament, normal developmental processes, and the child's divorce-specific reactions in shaping preferences for one parent or the other, he clearly differentiates these from parental alienation syndrome (PAS). Moreover, although he notes that there are many reasons for children to reject a parent—adolescent rebellion, parental abuse, neglect, abandonment—he states that all such findings exclude a diagnosis of PAS and recommends a thorough evaluation of all family members in order to make this determination (Gardner, 1999a). That is, he claims that none of these other factors is operative in the cases that he diagnoses as PAS.

The evidence that he uses to back up these claims is less than convincing. In his one empirical study of 99 children from 52 families, he singularly concluded a diagnosis of moderate to severe PAS in a number of cases after having interviewed only the rejected parent or having served as consultant to only one party (Gardner, 2001). Considering the severely polarized views parents hold of each other in these cases, it is particularly questionable to rely upon data from only one side in clinical or empirical research. Despite a passing reference to the role of third parties—a new stepparent, therapist, pediatrician, extended family—in contributing to the child's alienation (in 7 families involving 12 children), Gardner diagnosed PAS, holding the aligned parent responsible in all of these cases. Despite indications of inappropriate behavior by the rejected parent (in 3 families with 5 children) and findings in family court of child abuse by the rejected parent (involving 3 families with 6 children), Gardner concluded PAS, holding the aligned parent solely responsible for the children's alienation. Also, in two criminal trials (involving 6 children) where a rejected parent in one case was convicted and sentenced for sex abuse, Gardner concluded PAS, indicting the aligned parent as responsible for the children's alienation. Admittedly, the detail Gardner provided in this report is insufficient to justify any alternative interpretation than his own, and parental alienation may well have existed in all of these cases. The point is that once he concludes there is PAS, he appears to ignore all other possible contributory factors, especially the role of the rejected parent and the context of the custody litigation wherein powerful others (even professionals and courts) may instigate or endorse an aligned parent's concerns, hence contributing to the problem of the child's alienation.

By contrast, Kelly and Johnston (2001) proposed a systems-based model of multiple factors within the marriage and parental separation, including age and developmental level of the child, the psychological vulnerability of the child, the behaviors and personalities of both parents, sibling dynamics, the remarriage situation, and the adversarial nature of the custody-litigation context itself to explain why some children reject a parent and, in extreme cases, become alienated.

Two empirical studies have been conducted to test this more complex model. In the first study, Johnston (2003) used data from research archives of 215 children of divorce (13 years and younger) referred from family courts and the general community between 1981 and 1991. Clinicians who were blind to the hypothesis of the study had completed multiple rat-

ings on parent-child relationships in these families (with acceptable interrater reliabilities) 2 to 3 years after parental separation. In contrast to PAS theory that views the indoctrinating parent as the principal player in the child's alienation, this study found that children's rejection of a parent had multiple determinants with both the aligned parent and the rejected parent implicated in the problem, in addition to vulnerabilities within children themselves. Indeed, mothers who used their child for their own emotional support and acted in ways to sabotage their child's relationship with the other parent clearly contributed to the child's rejection of the father. However, in addition, lack of warmth, involvement, and competence in parenting by the rejected parent (whether mother or father) were strongly predictive of the child's rejection of that parent. Other factors that influenced children's rejection of a parent indirectly were prolonged custody litigation and the children's own attributes—older age children and those who were more emotionally troubled and less socially competent were more aligned with one parent against the other.

In a second study of clinical records of 125 children (13 years and younger) whose custody-disputing families were ordered by the family courts for custody evaluations and custody counseling from 1989 to 2002, Johnston et al. (in press) tested four competing theories about why children reject a parent after divorce, asking the questions: Is it an alienating coparent (the PAS perspective)? Is it substantiated child abuse by the rejected parent (the family violence perspective)? Is it the child's role reversal and psychological enmeshment with the aligned parent (the family structure and child vulnerability perspective)? Or is it all of the above factors jointly (the multifactor systemic perspective)? Measures were derived from factor analysis of multiple ratings of two clinicians who worked independently, with good interrater reliabilities. Substantiated child abuse occurred in about 15% of the sample, with both mothers and fathers equally likely to be perpetrators. Forty percent of fathers and 15% of mothers had perpetrated domestic violence. Whereas only about one fifth of the children had rejected a parent (slightly more likely to be their father than their mother), alienating behavior by both parents in this high-conflict custody-litigating sample was the norm. The multivariate analysis supported a multidimensional explanation of children's rejection of a parent, with both parents as well as vulnerabilities within the child contributing to the problem. The authors concluded, "Alienating behavior by an emotionally needy aligned parent (mother or father), who offers the child warm, involved care in return for unquestioned loyalty, together with critical incidents of child abuse and/or lack of warm, involved parenting by a marginalized rejected parent, jointly explain why some children lose their emerging sense of self and their capacity for realistic judgment, become psychologically enmeshed, and form a pathological alliance with one parent against the other" (Johnston et al., in press).

These studies are not without their limitations, including the fact that the samples were not drawn randomly from the divorcing population and therefore are not necessarily representative. Also, the measures were mostly new ones derived from clinical ratings of case records. Most important, these studies were concurrent analyses of family relationships, making it difficult to determine whether parents' alienating behaviors, poor parenting capacities, and critical incidents of child abuse preceded or followed the child's rejection of a parent.

In the light of these data, PAS proponents will probably argue that rejected parents have been rendered powerless to parent by the alliance against them, while victims' advocates may wish to hold them accountable for their parenting deficits, regardless of their children's rejecting behavior. By the same token, the domestic violence field can argue that protective parents, in *response* to their children's angry and troubled relationship with their ex-spouses,

may empathically support their children's negative views, whereas PAS proponents will insist that the alienating parent is the initiator of the child's negative feelings and behavior. To our knowledge, no one has systematic longitudinal data that can help decide what comes first, the chicken or the egg. In summary, we find no convincing evidence to support Gardner's one-dimensional PAS theory—that an alienating parent is primarily responsible for a child's alienation. Nor do we find evidence that family abuse is primarily responsible for the child's rejection of a parent. We suggest that in the absence of longitudinal data that could sort out which comes first, the best explanation is a multifactor, systemic view of the phenomena (Kelly & Johnston, 2001).

It follows that we strongly disagree with Gardner on much of his recommended treatment programs that are singularly focused on coercion and punishment of the aligned parent and errant child (Gardner, 1998b, 1999b, 2001). For moderate types of PAS, he recommends a "stringent authoritarian approach" by therapists who have "free access to reveal, at his or her own discretion, any and all information disclosed in treatment to specific outside parties, such as attorneys on both sides, the guardian ad litem, and the court" (Gardner, 1999b, p. 3). He goes on to advocate unashamedly for the therapist to employ "threats" that are backed up by court sanctions including fines, withholding of child and spousal support, house arrest, and incarceration. With recalcitrant parents and in severe types of PAS, he advocates court-ordered transfer of primary custody to the alienated parent (in most cases) or the use of a court-ordered transitional site (like a boarding school or treatment facility) to make that transfer if the former is not feasible or safe for an angry, rejecting child (Gardner, 1998b). All of these prescriptions sound like a license for tyranny or, in the very least, could lead to abuses of power and violation of clients' civil rights. Certainly, most therapists cannot conceive of developing a useful therapeutic relationship with family members under such conditions.

Dr. Gardner's assumption is that the aligned parent is never ill-advisedly trying to protect his or her child from the other parent, nor is erroneous but honest in his or her conviction that the rejected parent is irresponsible, unsafe, or abusive. Rather, Gardner implies that the aligned parent is invariably malicious, sociopathic, or psychotic. None of Gardner's extensive writings prescribe any counseling or therapy for the rejected parent who often has problems with his or her own parenting that may or may not rise to the level of critical abusive incidents. Gardner provides no criteria for evaluating whether a rejected parent who has had little or no relationship with the child is capable of assuming custody. Furthermore, in his outcome study, Gardner (2001) credits court-ordered change of custody in 22 of 99 children as being entirely responsible for reduction in PAS symptoms without due consideration that other factors may have been responsible, especially a good capacity of the rejected parent to manage the situation (this being the reason the court decided to take this unusual course of action in the first place).

In contrast to Gardner, in moderate to severe cases, we recommend a full assessment of all the contributing factors to the child's rejection of a parent as the basis for a systemic intervention that includes all relevant family members and their supporters (Lee & Olesen, 2001), an intervention that is governed by a stipulation between the parties and then ordered by the court (Johnston, Walters, & Friedlander, 2001). These court orders are usually carefully drawn up by the parents' attorneys and guardian ad litem and prescribe the goals of treatment and roles of any therapist and/or parenting coordinator, their domains of authority, terms of appointment, any decision-making and appeals process, lines of communication, and limits of confidentiality, fees, and grievance process (Coates, Deutsch, Starnes, Sullivan, & Sydlik, 2004; Sullivan & Kelly, 2001; Sullivan, 2004). Treatment or case management contracts like

this are not to be confused with court-ordered therapy, changes of custody, and sanctions that come down from the bench without due input from all parties and their advocates. Treatment contracts protect not only the therapy but also the parties' emotional and physical safety, avoid unwarranted intrusiveness and violation of civil rights, and hold treatment agents accountable for meeting the goals in a timely manner or require them to justify why they should remain involved in a case if goals are not met.

Finally, we reject Gardner's proposal that PAS should be granted the status of a diagnostic syndrome or that it be included as a psychiatric category in future editions of the DSM. Proponents of PAS continue to insist, without adequate empirical evidence, that a brainwashing parent is the primary causal agent and ignore or minimize the role of all other agents of a child's alienation. In this respect, PAS does not meet the American Psychiatric Association's (1994) criteria for a syndrome, which is defined as a cluster of symptoms, appearing together that characterize a disease that has "commonly recognized, or empirically verified pathogenesis, course, familial pattern, or treatment selection." Gardner's claim that "more than 175 authors . . . have published at least 147 articles on PAS in peer-reviewed journals" does not address its validity (Gardner, 2004 [this issue]). There are many reasons that PAS may have gained such widespread attention, primarily that it provides custody litigants and their attorneys with a "powerful weapon they can . . . use in a court of law to defend themselves" (Gardner, 2004 [this issue]).

When highly conflicted, custody-disputing families enter the court with a child who is reluctant or refusing to visit a parent, they typically set in motion an adversarial system that seeks evidence to provide definitively, one way or another, whether one of two scenarios prompting the child's behavior are supported. Either the allegations of family abuse and poor parenting by a rejected parent are well founded, in which event protective measures need to be taken, *or* the child's behavior is indicative of PAS, an outcome of brainwashing by a spiteful, embittered parent, a strategic ploy in the litigation. Allegations of PAS thrive within the traditional adversarial legal system because they promise simple, clear-cut answers as to who is right and who is wrong. If in any way substantiated, PAS sanctifies the rejected parent as an innocent victim and indicts the aligned parent as the malignant perpetrator. There is less willingness to concede that real abuse, abiding mistrust, and blaming between parents jointly contribute to extremely negative views of one another and undermine any capacity they have to coparent. Parenting capacities are compromised in a self-fulfilling prophecy effect when one or both parents feel under attack and splits and alignments occur in the fractured family, so that burdened, loyalty-conflicted children are at greatest risk from ominous forms of emotional maltreatment. In this context, a diagnosis of PAS can be viewed as "iatrogenic," meaning that it provides a psychiatric prescription that causes its own disease!

There is no doubt Gardner would have had a great deal to say in response to this rejoinder. Rather than continue the polemic, however, it is time for a sober, reasoned acknowledgement of his legacy. He has drawn attention to an insidious form of emotional abuse of children that can be inflicted by divorced parents. Parental alienation is a form of psychological control or intrusive parenting, however, whose origins, course, preferred treatment type, and long-term outcomes are largely unknown. The challenge is for researchers to seek answers to these complex questions and to evaluate different methods of treatment and social policy responses where child alienation has been carefully documented, optimally, by following these families over time.

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